

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of for dates of service 2-8-01, 2-13-01, & 2-22-01.
- b. The request was received on 1-28-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4) the Division notified the insurance carrier Austin Representative of their copy of the request on 5-15-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-25-01:

"Range of motion testing (95851) is used to evaluate the patient's progress and make sure that the established treatment protocol will provide the maximum benefit to the patient. This test is administered in our office by a chiropractor, rather than a physical or occupational therapist. TWCC Guidelines allow for this test to be billed and reimbursed separately when a physician or chiropractor administers it...CPT Code 99080-73 was billed for date of service 2/13/01 and denied as F-Reimbursement for a work status report (procedure code 99080-73) is limited to one report every two weeks. The report was billed according to TWCC Rule 129.5-Work Status Reports."
2. Respondent: No Response noted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 2-8-01 and extending through 2-22-01
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
2-8-01 2-22-01	95851 95851	\$36.00 \$36.00	\$-0- \$-0-	F F	\$36.00	MFG; Medicine Ground Rule; (I) (A) (8); CPT Descriptor	<p>The carrier has denied the charges in dispute as "F – THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED."</p> <p>The provider has submitted medical documentation to support the ROM testing was performed. CPT Code 95851 is not global and may be billed separately when performed by a physician or chiropractor.</p> <p>Therefore, reimbursement is recommended in the amount of \$72.00. (\$36.00 x 2 = \$72.00).</p>
2-13-01	99080-73	\$15.00	\$-0-	F	\$15.00	TWCC Rule 129.5; CPT Descriptor	<p>The carrier has denied the charges in dispute as "F – REIMBURSEMENT FOR A WORK STATUS REPORT (PROCEDURE CODE 99080-73) IS LIMITED TO ONE REPORT EVERY TWO WEEKS)."</p> <p>There was no documentation noted in the dispute packet to indicate that CPT Code 99080-73 was billed in excess of the Rule requirements. Therefore, reimbursement is recommended in the amount of \$15.00.</p>
Totals		\$87.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$87.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$87.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of September 2002.

Lesa Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

LL/ll